

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>OREGON RIGHT TO LIFE VICTORY PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00592303	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 28 / 2016</div> </div>	

Full Name of Payee <b>David, Kilada, , ,</b> [MEMO ITEM] Paid to Facebook on 10/28/16, not reimbursed yet.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2016	
Mailing Address 29560 SW Volley St Apt 50		Amount 48.58	
City Wilsonville	State OR	Zip Code 97070	Transaction ID : WFT20169281741-1
Purpose of Expenditure Reimbursement for Facebook ads		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Colm, Willis, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Liberty, Pike, , ,</b> [MEMO ITEM] Paid to Facebook on 10/28/16, not reimbursed yet.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2016	
Mailing Address 16052 S. Springwater Rd		Amount 198.89	
City Oregon City	State OR	Zip Code 97045	Transaction ID : WFT20169281712-1
Purpose of Expenditure Reimbursement for Facebook ads		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Kurt, Schrader, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gayle, Atteberry, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 28 / 2016

Signature